EPA Form 8900-1

United States Environmental Protection Agency Washington DC 20460

This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must be mailed by June 9, 1981.

Please type or print in ink. If you need additional space, use separate sheets of P10605

NYS 000 00/360

Fasanska magaz amala alak isi	'; .f.ah.a	Name Union	Camp Corporation			
Enter the name and address of the person or organization required to notify.		Street 1600 Valley Road				
	:	city Wayne		State	NJ	Zip Code 07470
Site Location:			ION CAMP			
	noum) and	• • • •	on Falls Plant	٨		
Enter the common name (if kr actual location of the site.	iown) and	Street John Street				
980530083		City Hudson Fall	S County Washin	gton State	NY	Zip Code /2839
Person to Contact:					Corpo	rate
Enter the name, title (if applic		Name (Last, First and Tit	e) Owen, T. C., D	irector,	Offic	e of Env. Affair
business telephone number of to contact regarding informati	f the person	Phone .	(912) 236-5771	, Ext 74	79	
submitted on this form.		<u>, </u>				
Dates of Waste Handling:	<u> </u>				,	
Enter the years that you estim treatment, storage, or disposa ended at the site.		From (Year) 1900 (E)) To (Year) 1949			,
Waste Type: Choose the o	ption you pr	efer to complete	· · · · · · · · · · · · · · · · · · ·	······································		
Option I: Select general wast you do not know the general vencouraged to describe the sit General Type of Waste: Place an X in the appropriate	waste types of te in Item I—I Source o	sources, you are rescription of Site. Resource Conservation and Recovery Act (RCRA) Section regulations (40 CFR Part 261). Specific Type of Waste: X in the appropriate EPA has assigned a four-digit number to each hazardous listed in the regulations under Section 3001 of RCRA. Er				
boxes. The categories listed	boxes.	X III the appropriate	listed in the regula	itions under	Section	3001 of RCRA. Enter the
boxes. The categories listed overlap. Check each applicable category.	boxes.	A in the appropriate	listed in the regula appropriate four-di the list of hazardou contacting the EPA	itions under git number us wastes ai	Section in the bond codes	to each hazardous was 3001 of RCRA. Enter to exes provided. A copy of can be obtained by State in which the site
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	Notification of Hazardous Waste S	Side Two					
F	Waste Quantity:	Facility Type	rotal Facility Wast	e Amount ·			
	Place an X in the appropriate boxes to	1. ☐ Piles	cubic feet	cubic feet			
	In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons. In the "total facility area" space, give the estimated area size which the facilities	2. Land Treatment	gallons es time ted	2-3 drams/week			
		3. □ Landfill 4. □ Tanks		2 5 Gramb, week			
		5. ☐ Impoundment	Total Facility Area				
		6. Underground Injection	square feet				
		7. Drums, Above Ground	acres				
	occupy using square feet or acres.	8. Drums, Below Ground	adhesive wash water	ve wash water poured on ground,			
			600				
G	Known, Suspected or Likely Releases						
	Place an X in the appropriate boxes to indicate any known, suspected, or likely releases of wastes to the environment.						
	Note: Items Hand I are optional. Completing hazardous waste sites. Although completing	g these items will assist EPA and Star g the items is not required, you are e	te and local governments in ncouraged to do so.	locating and assessing			
H	Sketch Map of Site Location: (Optional)						
	Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.						
				•			
				•			
				····· ·· ·			
ı	Description of Site: (Optional)						
	Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.						
				•			
	i						
J	Signature and Title:		Corporate Office of				
	The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required to notify check "Other".	Name T. C. Owen, Director	c, Env. Affairs	— □ Owner, Present			
		Street P. O. Box 1391		ज़ू Owner, Past			
		Savannah	GA Zin Code 31402	☐ Transporter ☐ Operator, Present ☐ Operator, Past ☐ Other			
		City Startlan Star	ite Zip Code				
		Signature /C	Date 5/28/81				